

AN ORDINANCE BY

AN ORDINANCE AUTHORIZING THE MAYOR TO EXECUTE AMENDMENTS NO. 1 TO EXTEND THE AGREEMENTS FOR FC 6004007808 THE HEALTH, DENTAL, LIFE, VOLUNTARY VISION AND SUPPLEMENTAL INSURANCES WITH BLUE CROSS BLUE SHIELD OF GEORGIA, INC.; KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC-KAISER PERMANENTE; CIGNA HEALTHCARE OF GEORGIA; COMPBENEFITS- A HUMANA INC. COMPANY; SPECTERA-A UNITED HEALTH GROUP COMPANY; STANDARD INSURANCE COMPANY AND AMERICAN FAMILY LIFE ASSURANCE COMPANY (AFLAC); AND ESTABLISHING THE CITY'S CONTRIBUTION LEVEL AND PREMIUM RATES FOR HEALTH, DENTAL, LIFE, VOLUNTARY VISION AND SUPPLEMENTAL INSURANCE (EMPLOYEE FUNDED) FOR FY 2009 THROUGH AUGUST 31, 2009; AND FOR OTHER PURPOSES.

WHEREAS, the City of Atlanta ("City") entered into contractual agreements (FC 6004007808) with Blue Cross Blue Shield of Georgia, Inc., for Group Health POS Plan; Kaiser Foundation Health Plan of Georgia Inc. - Kaiser Permanente for HMO plans; Cigna Healthcare of Georgia for Dental Indemnity Plan; CompBenefits Company - A Humana Inc. Company for HMO Dental Plans; Spectera - A United Health Group Company for voluntary vision; Standard Insurance Company for Life Insurance; and, AFLAC for supplemental insurance, effective January 1, 2005; and

WHEREAS, the City has exercised the available renewal options which expire June 30, 2008; and

WHEREAS, extending these contracts for fourteen months allows the City to retain current contract rates through August 31, 2008, to establish a new benefit plan year to be created with FY 2009 rates beginning September 1, 2008 through August 31, 2009, and allows ample time for City Council review and approval and the employee/retiree open enrollment period; and

THE CITY COUNCIL OF THE CITY OF ATLANTA, GEORGIA, HEREBY ORDAINS, as follows:

SECTION 1: That the Mayor is authorized to execute Amendments No. 1 to extend the contracts effective July 1, 2008 through August 31, 2009, with: Blue Cross Blue Shield of Georgia, Inc., for Group Health POS Plan; Kaiser Foundation Health Plan of Georgia Inc. - Kaiser Permanente for HMO plans; Cigna Healthcare of Georgia for Dental Indemnity Plan; CompBenefits – A Humana Inc. Company for HMO Dental Plans;

Spectera - A United Health Group Company for voluntary vision; Standard Insurance Company for Life Insurance and AFLAC for supplemental insurance.

SECTION 2: That the monthly premium rates for July 2008 and August 2008 will be the same as FY 2008 rates, and the new monthly premiums for Plan Year FY 2009 (September 1, 2008 through August 31, 2009) will be charged as attached in Exhibit 'A'.

SECTION 3: That the City's contribution level for active employees' and retirees' benefits will be 70% of plan selected for medical and dental insurance, effective September 1, 2008 through August 31, 2009.

SECTION 4: That the Chief Procurement Officer is directed to prepare the appropriate contract amendments for execution by the Mayor.

SECTION 5: That these amendments shall not become binding on the City, and the City shall incur no liability upon same until they have been executed by the Mayor, sealed by the Municipal Clerk, approved as to form by the City Attorney, and delivered to the contracting parties.

SECTION 6: That all services to be performed under these agreements shall be charged to and paid from the appropriate fund, department, account and function activity.

6002	200604	5730201	Health Insurance	Employees
6002	200605	5730202	Health Insurance	Retirees
6002	200606	5730202	Health Insurance	COBRA Participants
6002	200607	5730201	Life Insurance	Employees
6002	200608	5730202	Life Insurance	Retirees
6002	200609	5524002	Vision	Employee Funded
6002	200611	5524003	Vision	Retiree Funded

SECTION 7: That all ordinance and parts of ordinances in conflict herewith are hereby waived to the extent of the conflict.

"Exhibit A"
FY 2009 Insurance Rate Ordinance Schedule
Monthly Premiums with Contribution Rates

BLUE CROSS BLUE SHIELD POS	Total Cost	Employee Cost	City Cost
WITHOUT MEDICARE			
Employee only	\$397.65	\$115.01	\$282.64
Employee and child(ren)	\$695.88	\$201.27	\$494.61
Employee and spouse	\$994.12	\$287.53	\$706.59
Employee and family	\$1,312.46	\$379.63	\$932.83
Beneficiary child(ren)	\$298.24	\$86.26	\$211.98
Widow(er) only	\$508.86	\$147.18	\$361.68
Widow(er)/bene child(ren)	\$807.08	\$233.43	\$573.65
Domestic Partner	\$596.47	\$172.52	\$423.95
WITH MEDICARE			
Retiree only-Medicare	\$224.12	\$63.04	\$161.08
Retiree and child(ren)-Medicare	\$499.42	\$142.42	\$357.00
Retiree and spouse (1 Medicare)	\$612.38	\$170.81	\$441.57
Retiree and spouse (2 Medicare)	\$478.22	\$132.97	\$345.25
Retiree and family (1 Medicare)	\$1,068.36	\$306.46	\$761.90
Retiree and family (2 Medicare)	\$756.57	\$213.05	\$543.52
Beneficiary child(ren)-Medicare	\$278.91	\$82.99	\$195.92
Widow(er) only-Medicare	\$240.89	\$66.90	\$173.99
Widow/bene child-Medicare	\$516.19	\$146.27	\$369.92

*Part A and B medicare members must enroll in BCBS Medicare Advantage Plan

KAISER HMO	Total Cost	Employee Cost	City Cost
WITHOUT MEDICARE			
Employee only	\$360.97	\$103.24	\$257.73
Employee and child(ren)	\$631.70	\$180.66	\$451.04
Employee and spouse	\$902.47	\$258.10	\$644.37
Employee and family	\$1,191.25	\$340.69	\$850.56
Beneficiary child(ren)	\$360.97	\$103.24	\$257.73
Widow(er) only	\$360.97	\$103.24	\$257.73
Widow(er)/bene child(ren)	\$631.70	\$180.66	\$451.04
Domestic Partner	\$541.50	\$154.86	\$386.64
WITH MEDICARE			
Retiree only-Medicare	\$311.03	\$88.18	\$222.85
Retiree and child(ren)-Medicare	\$846.19	\$241.78	\$604.41
Retiree and spouse (1 Medicare)	\$710.83	\$203.06	\$507.77
Retiree and spouse (2 Medicare)	\$732.37	\$209.45	\$522.92
Retiree and family (1 Medicare)	\$1,125.97	\$321.79	\$804.18
Retiree and family (2 Medicare)	\$1,077.02	\$307.79	\$769.23
Beneficiary child(ren)-Medicare	\$311.03	\$88.18	\$222.85
Widow(er) only-Medicare	\$311.03	\$88.18	\$222.85
Widow/bene child-Medicare	\$846.19	\$241.78	\$604.41

KAISER Senior Advantage	Total Cost	Employee Cost	City Cost
Retiree Only	\$311.03	\$88.18	\$222.85
Retiree and Spouse (2 Medicare)	\$622.06	\$176.36	\$445.70
Widow(er)	\$311.03	\$88.18	\$222.85

*Part A and B medicare members must enroll in Kaiser Senior Advantage

"Exhibit A"
FY 2009 Insurance Rate Ordinance Schedule
Monthly Premiums with Contribution Rates

SPECTERA Voluntary Vision	Total Cost	Employee Cost	City Cost
Employee only	\$6.48	\$6.48	\$0.00
Employee and child(ren)	\$13.59	\$13.59	\$0.00
Employee and spouse	\$14.27	\$14.27	\$0.00
Employee and family	\$18.36	\$18.36	\$0.00
Beneficiary child(ren)	\$13.59	\$13.59	\$0.00
Widow(er) only	\$6.48	\$6.48	\$0.00
Widow(er)/bene child(ren)	\$13.59	\$13.59	\$0.00

CIGNA DENTAL High Option	Total Cost	Employee Cost	City Cost
Employee only	\$29.35	\$8.57	\$20.78
Employee and child(ren)	\$62.29	\$18.19	\$44.10
Employee and spouse	\$59.88	\$17.48	\$42.40
Employee and family	\$98.54	\$28.77	\$69.77
Beneficiary child(ren)	\$62.29	\$18.19	\$44.10
Widow(er) only	\$29.35	\$8.57	\$20.78
Widow(er)/bene child(ren)	\$62.29	\$18.19	\$44.10
Domestic Partner	\$30.53	\$8.91	\$21.62

CIGNA DENTAL Low Option	Total Cost	Employee Cost	City Cost
Employee only	\$29.35	\$8.57	\$20.78
Employee and child(ren)	\$56.94	\$16.62	\$40.32
Employee and spouse	\$59.88	\$17.48	\$42.40
Employee and family	\$90.40	\$26.40	\$64.00
Beneficiary child(ren)	\$56.89	\$16.61	\$40.28
Widow(er) only	\$29.35	\$8.57	\$20.78
Widow(er)/bene child(ren)	\$56.89	\$16.61	\$40.28
Domestic Partner	\$30.53	\$8.91	\$21.62

COMPBENEFITS DENTAL Access Managed Care	Total Cost	Employee Cost	City Cost
Employee only	\$16.58	\$4.84	\$11.74
Employee and child(ren)	\$32.19	\$9.40	\$22.79
Employee and spouse	\$33.81	\$9.87	\$23.94
Employee and family	\$51.15	\$14.94	\$36.21
Beneficiary child(ren)	\$32.19	\$9.40	\$22.79
Widow(er) only	\$16.58	\$4.84	\$11.74
Widow(er)/bene child(ren)	\$32.19	\$9.40	\$22.79
Domestic Partner	\$17.23	\$5.03	\$12.20

COMPBENEFITS DENTAL Pre-Select	Total Cost	Employee Cost	City Cost
Employee only	\$11.20	\$3.27	\$7.93
Employee and child(ren)	\$20.33	\$5.94	\$14.39
Employee and spouse	\$22.25	\$6.50	\$15.75
Employee and family	\$34.46	\$10.06	\$24.40
Beneficiary child(ren)	\$20.33	\$5.94	\$14.39
Widow(er) only	\$11.20	\$3.27	\$7.93
Widow(er)/bene child(ren)	\$20.33	\$5.94	\$14.39
Domestic Partner	\$11.05	\$3.23	\$7.82

Rates per

"Exhibit A"
FY 2009 Insurance Rate Ordinance Schedule
Monthly Premiums with Contribution Rates

STANDARD LIFE INSURANCE	\$1,000 of Coverage
Basic Life - Active Employees	\$0.21
Basic Life - Retirees	\$4.63
Basic Life - Disabled Employees	\$0.32
Basic AD&D	\$0.04
Additional Life	\$0.44
Dependent Life (Spouse)	\$0.82
Dependent Life (Child)	\$0.25
Surviving Spouse Life	\$2.00